

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> <small>(FOR USE WITH FORM PTO-875)</small>							<small>SERIAL NO.</small> <div style="font-size: 1.5em; font-weight: bold;">09/601868</div>	<small>FILING DATE</small>					
							<small>APPLICANT(S)</small>						
<b>CLAIMS</b>													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
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TOTAL DEP.	7	↓	↓	↓	↓	↓	TOTAL DEP.	↓	↓	↓	↓	↓	↓
TOTAL CLAIMS	9						TOTAL CLAIMS						